



RCE/3738
PATENT

Attorney Docket No.: VGEN.007A

Date: December 15, 2003

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REQUEST FOR CONTINUED EXAMINATION (RCE)
UNDER 37 C.F.R. § 1.114

Applicant: Gholam-Reza Zadno-Azizi, et al.
Application Number: 10/017,915
Filing Date: December 11, 2001
Title: TRANSLATION MEMBER FOR
INTRAOCULAR LENS SYSTEM
Examiner Name: Matthews, William H.
Group Art Unit: 3738

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Mail Stop RCE, Alexandria, VA 22313-1450, on

December 15, 2003

(Date)

Mark Kertz

Mark J. Kertz, Reg. No. 43,711

Commissioner for Patents
P.O. Box 1450
Mail Stop RCE
Alexandria, VA 22313-1450

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TECHNOLOGY CENTER RCE/00

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application.

Transmitted herewith for filing in the above-identified application are the following enclosures:

1. (X) Preliminary Amendment in 16 pages.
(X) Supplemental IDS.
(X) A PTO 1449 with 3 references.
(X) The present application qualifies for small entity status under 37 C.F.R. § 1.27.
2. Fees:
(X) RCE fee (\$385 small entity).

The fee has been calculated as shown below:

12/19/2003 YPOLITE1 00000021 10017915

01 FC:2801

385.00 OP

12/19/2003 YPOLITE1 00000022 10017915

01 FC:2202

36.00 OP

12/19/2003 YPOLITE1 00000022 10017915

02 FC:2251

55.00 OP

#16
w/Time
R.C.F.
J. Bryce
11/2/03

| FEE CALCULATION | | | | | | | |
|--------------------|----|----|---|--------------|---------------|------|-------|
| FEE TYPE | | | | FEE CODE | CALCULATION | | TOTAL |
| Total Claims | 49 | 45 | = | 2202 (\$9) | 4 | x 9 | \$36 |
| Independent Claims | 2 | 5 | = | 2201 (\$43) | | x 43 | \$ |
| Multiple Claim | | | | 2203 (\$145) | | | \$ |
| 1 Month Extension | | | | 2251 (\$55) | | | \$55 |
| 2 Month Extension | | | | 2252 (\$210) | | | \$ |
| 3 Month Extension | | | | 2253 (\$475) | | | \$ |
| RCE Fee | | | | | | | \$385 |
| IDS Fee | | | | | | | \$180 |
| | | | | | TOTAL FEE DUE | | \$656 |

(X) An extension of time is hereby requested by payment of the appropriate fee indicated above.

(X) A check in the amount of \$656 is enclosed.

(X) Return prepaid postcard.

Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.

Address all future communications to Customer No. 20,995.

Dated:

Dec. 15, 2003

Mark Kertz

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